P3-253 **NSCLC: Surgery Posters, Wed, Sept 5 – Thur, Sept 6**

Sternotomy with Bilateral Systematic Mediastinal Lymph Node Dissection (BSMLD) in patients with lung cancer

Porhanov, Vladimir A.; Poliakov, Igor S.; Bodnia, Vadim N.

Regional Cardio-thoracic Surgery Center, Krasnodar, Russia

Aim: Stages III A and III B (with invaded mediastinal lymph nodes) are considered to be an contraindication to surgery. This group of patients with mediastinal lesions is inhomogeneous, that is why their treatment scheme should be selected individually and surgery with systematic bilateral mediastinal lymphodissection is its basis.

Materials and Methods: Since 1991 to December 2006, 158 patients with NSCLC and mediastinal lymph nodes involvement had been randomized for the study of 6450 operated on patients for lung cancer. All of them underwent systematic bilateral mediastinal lymphodissection via thoracotomic (T, 81 cases) and sternotomic (S, 77 cases) approaches. Mean age was 60,5 years. Nine patients (5.6%) were found to have stage cTIIIb. Pneumonectomy was performed in 71% (112 patients), in other cases we performed lobe- and bilobectomies. Minimal follow-up was 3 months.

Results: Postoperatively Stage pTIIIb was found in 27 (17%) cases - in 6 patients operated on via thoracotomy (7,4%), and in 21 patients operated on via sternotomy (27%) (s.d.). Postoperative complications were found in 8,6% patients in group T and in 7.7% patients in group S (n.s.). Mortality rate was 2,3% è 2,6% (n.s.). Five-year survival rate for N2 was 14% (T) versus 28% (S) - s.d. Five-year survival rate for N3 (Ò) was nil, and for group S - 10%.

Conclusions: Systematic bilateral lymphodissection does not worsen immediate results of surgical treatment. It enables to make an accurate staging and select an optimal mode of the further treatment which results in reliably increased life-span in patients with invaded mediastinal lymph nodes.

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Surgery for Stage III A-B NSCLC (with mediastinal lymph nodes involvement)

Porhanov, Vladimir A.; Poliakov, Igor S.; Kononenko, Valery B.; Kovalenko, Alexey L.; Bodnia, Vadim N.

Regional Cardio-thoracic Surgery Center, Krasnodar, Russia

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Tumor size as a prognostic factor for the survival of surgically treated stage Ia non-small cell carcinoma

Lyons, Gustavo A.[1] Quadrelli, Silvia[2] Chimondeguy, Domingo J.[2] Iotti, Alejandro[2] Silva, Carlos[2] Vera, Karina[2]

[1] Hospital Británico de Buenos Aires, Buenos Aires, Argentina [2] Hospital Británico de Buenos Aires, Ciudad de Buenos Aires, Argentina

Objective: TNM stage is an important predicting long-term survival of lung cancer patients. Some studies have shown, however, that tumor size may have intrinsic prognostic value independent of TNM stage. The relationship between tumor size and survival is particularly unclear in T1 tumors. The objective of this study was to assess the prognostic value of tumor size in surgically resected stage I non-small cell lung cancer (NSCLC) .

Methods: From 1995 to 2006, 79 patients received curative lung resections and mediastinal linphadenectomy for stage IA NSCLC. In 34.4% of patients (n = 28) tumor size was ? 1.5 cm. Surgical mortality was 1.3%. Disease recurrence was noted in 19%.

Results: Patients with tumors ? 15mm had a significantly higher 5-year survival (95% CI:0.05 vs 77% CI:0.07 in > 15mm group). Disease-free survival was 95% for tumors less than 15 mm vs 72% in larger tumors. Using Cox Multivariate analysis, the most determinant factor for higher risk of mortality was size >15 mm (relative risk 25.9 IC: 2.3-292, p = 0.004).

Conclusions: The independent influence of tumor size in stage IA NSCLC may have practical implications in regards to proposals for screening asymptomatic individuals at high risk for lung cancer